

CLAIMS AND SERVICES

Claims and services d.o.o. M.Vlašića 45a, 52440 Poreč
 T. +385 52 633 300 F. +385 52 633 299 M. +385 99 31 31 003
 E. info@claimsandservices.hr



Claim No:	
-----------	--

CLAIM NOTIFICATION UNDER LIABILITY INSURANCE	
All data processed on the basis of this claim form is necessary to collect information and documentation for further processing of the claim	
PODACI O OSIGURANIKU	
Policy No:	
Name/ Company:	
VAT No:	
Adress:	
Tel:	
E-mail:	
VAT payer:	YES - NO (choose)
Bank name:	
IBAN:	
VESSEL INFORMATION	
Registration:	
Vessel name:	
Manufacturer/model:	
Veessel tipe:	
Hull Nr:	
Year of built:	
Nr and engine power:	
CLAIM INFORMATION	
Name, adress, PIN and skipper contact:	
Vessel in charter:	YES - NO (choose)
Date and place of accident:	
Harbour master and police noticed about the accident?	YES - NO (choose)
Weather conditions at the time of accident:	
Visible damages on the assets of third party (when property damage):	
Whether there has been a violation of a third party or damage to their property?	YES - NO (choose)
Informations of injured persons (non property damages):	

--	--

Info about witnesses:

Name and surname:	
--------------------------	--

Contact phone and/or e-mail:	
-------------------------------------	--

--	--

Skipper opinion:

About claim occurrence:	
--------------------------------	--

About guilty person for the damages:	
---	--

Place of inspection of the vessel and contact of the person in charge:	
---	--

DETAILED DESCRIPTION OF THE ACCIDENT

SKETCHES OF THE EVENT

NOTE:

Place and date:	Signature (stamp) person in charge for the claim notification:	Signature (stamp) of the applicant:

REPORT WITH THE CLAIM:

- Photos of the damages – identification of the vessel/property + damages
- Registration of the vessel
- Skipper licence
- Notification to the harbour master
- Crew list

Dostaviti na: info@claimsandservices.hr